







PERMIT

State File #

2020 065705

Information necessary for the Certificate of Death has been completed for:

	Decedent Name FERREIRA , THERESA -						
	Place of Death 78 SEARS ROAD, SOUTHBOI	ROUGH, MA					
ı	Date of Death DECEMBER 18, 2020	Date of Birth	FEBRUARY 27, 1931 Sex FEMALE				
DENT	Residence 78 SEARS ROAD, SOUTHBOI	TS 01772					
DECED	If U.S. veteran, specify war/conflict(s) (most recent) NO						
٩	Branch of military (most recent)	Rank/organi	zation/outfit(most recent)				
	Date entered(most recent)	Date Discharged (most recent)	Service Num ber(most recent)				
æ	Certifier FABIAN DELGADO, MD		Lic # 243137				
FIER	Addr. 1 EDGEWATER DRIVE, NORWOOD, MASS ACHUS ETTS 02062						
CERTI	Immediate Cause of Death COVID-19 PNEUMONIA						
Th	is permit authorizes the following Funeral Servi	ce Licensee or Designee to r	remove, dispose or transport remains as listed below:				
Ţ	Funeral Licensee/Designee PHILLIP R. SHORT		Lic # 50881				
ITION	Facility. SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASS ACHUSETTS						
တ	Disposition Type CREMATION		Date of Disposition DECEMBER 21, 2020				
DISPO	Place/Address ALL FAITHS CEMETERY AND CREMATOL	RY, 7 ISLAND ROAD, WO	RCES TER, MASS ACHUS ETTS 01603				
En	dorsements						
_	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH				
RMIT	State Tracking # 065705	Local Permit# E-PERM	rr				
ER	Date DECEMBER 21, 2020	Date —					

Acceptance of Permit

Disposition Type

Cremation

Place of Disposition (Facility Name and Address)

All Faiths Crematory, Worcester

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

Name of Superintendent or Authorized Designee:

Paul A. Druin

X

Name of Agent

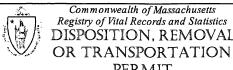
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

12/23/2020

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





2020 001641 State File #

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	RAYMOND ,	LORRAINE	R					
	Place of Death	HARRINGTON	I MEMORIAL I	HOSPITAL, SOU	THBRIDGI	E, MA			
T	Date of Death	JANUARY 04,	2020	Da	te of Birth	APRIL 24, 1949	Sex	FEMALE	
DEN	Residence	214 PARK CIRCLE, STURBRIDGE, MASS ACHUS ETTS 01566						ļ	
CED	"	pecify war/conflict(war/conflict(s) (most recent)						
D E	NO Branch of militar	ry (most recent)		Rank/organization/outfit(most recent)					
	Date entered(mo	st recent)		 Date Discharged (mo 	ost recent)	Service Number(most	t recent)		
w.	Certifier TAI T	EMPLE, MD				Lic # 238229			
RTIFIER			OUTHBRIDGE,	MASSACHUSET	ГТS 01550				
CERT	Immediate Cause ACUTE HYPE		PIRATORY FA	ILURE					
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to re	move, dispose or transpo		as listed below:	
z	Funeral License	e/Designee WILL	IAM PBELANG	ER		Li	ic# 6229		
SITIO	Facility. BELANGER-BULLARD FUNERAL HOME, SOUTHBRIDGE, MASSACHUSETTS								
180	Disposition Type CREMATION Date of Disposition JANUARY 10, 2020								
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
	adorsements								
المباد				T- , av					
.]	Registry of Vita	l Records and Stat	istics	Board of Health					
.]	Registry of Vita	001641		Local Permit #	n/Agent for: S				
PERMIT	Registry of Vita			Local Permit # Date	E-PERMIT				
.]	Registry of Vita	001641		Local Permit #					
PERMIT	Registry of Vita State Tracking # Date I hereby certify	001641 JANUARY 1- that the remains w	4, 2020 vere disposed of in	Local Permit # Date Name of Agent	E-PERMIT terms at the				
PERMIT	Registry of Vita State Tracking # Date I hereby certify	001641 JANUARY 1 that the remains wation (Facility Name	4, 2020 vere disposed of in a	Local Permit # Date Name of Agent	E-PERMIT	place and date below:	· / · / · ·		
MATION PERMIT	Registry of Vita State Tracking # Date I hereby certify	001641 JANUARY 1- that the remains w	4, 2020 vere disposed of in a	Local Permit # Date Name of Agent	E-PERMIT terms at the	Γ	ohil		
ATION PERMIT	Registry of Vita State Tracking # Date I hereby certify Place of Disposition Type	001641 JANUARY 1 that the remains wation (Facility Name Rural Cemils Office Convey Workester)	4, 2020 vere disposed of in a	Local Permit # Date Name of Agent accordance with its	E-PERMIT terms at the p Signature X	place and date below:	Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

000	0434750	Commonwealth of M Registry of Vital Record. DISPOSITION, I OR TRANSPOR PERMI	s and Statistics REMOVAI RTATION	
	n R-309 07012014 ormation necessary for the Certificate of t			
Ini	ormation necessary for the Certificate of a	yearn has been comprete	:u 101.	
	Decedent Name KIMBALL , DAWN	ELAINE		
	Place of Death HARRINGTON MEMO	RIAL HOSPITAL, SOL	JTHBRIDGE,	MA
1 2	Date of Death JANUARY 11, 2020	Da	ite of Birth IA	NUARY 08, 1959 Sex FEMALE
DEN	Residence 128 PINE AVENUE, ST.		HUSETTS 015	566
BCEDE	If U.S. veteran, specify war confild(s) (most reco	ent)		
•	Branch of military (most recent)	F	Rank/organizati	on'outfit(most rec <mark>ent</mark>)
	Date entered (most recent)	Date Discharged (mo	ast recent)	Service Humber(most recent)
Z.	Certifier MARIE KING, MD			Lic# 253724
RTIFERR	Addr. 100 SOUTH STREET, SOUTHER.	DGE, MASSACHUSE	TTS 01550	
CERTI	Immediate Cause of Death CARDIO PULMONARY ARREST			
Ti	iis permit authorizes the following Fune	l Service Licensee or De	signee to rem	ove, dispose or transport remains as listed below:
z	Funeral Licenses Designee JOHN P. HIC	EΥ		Lic# 6889
õ	Facility. SCANLON FUNERAL SERVICE	E, WEBSTER, MASSA	CHUSETTS	
SIT	Disposition Type CREMATION			Date of Disposition JANUARY 14, 2020
DISTOSITIO	Place/Address RURAL CEMETERY (CREMATORY)	180 CROVE STREET	WORCESTE	R MASS ACHUS PTTS 01605
5	Prince Cambrell (Creatorion)	100 ONO 12 3 HCELL,	WORCE I	NAME OF TRANSPORTED VALUE
E	dorsements			
	Registry of Vital Records and Statistics	Board of Health	h/Agent for: SC	UTHBRIDGE
PERMIT	State Tracking # 001539	Local Permit #	E-PERMIT	
PR	Dale JANUARY 13, 2020	Date		
ر ۱۳۵۰ امرئ	and the second s	Name of Agent		
z	I hereby certify that the remains were dispos	ed of in accordance with its	terms atthe pl	ace and date below:
MATION	Place of Disposition (Facility Name and Addi	.5)	Signature	1 710 800
F. P.	Rural 180 Gi Worce	Cemetery rove Street ster, MA 01606	X	John H. Cohill
CON	Disposition Type Date of Cremation	AN 1 5 2020	Name of Sup	erIntendent at Authorized D esignee: John H Cobill

Acceptance of Permit

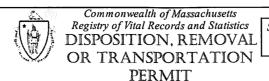
Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2020 002145

Service Number(most recent)

Decedent Name CAPIZZI, SALVATORE 71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MA Place of Death Date of Death **JANUARY 12, 2020** Date of Birth APRIL 02, 1926 **MALE** Sex 71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent)

Date Discharged (most recent)

Certifier VINCENT YUAN, MD Lic # 730587

Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702

Information necessary for the Certificate of Death has been completed for:

Immediate Cause of Death FAILURE TO THRIVE

Date entered (most recent)

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Lic # 50904 Funeral Licensee/Designee DOUGLAS L TERSONI DISPOSITION

Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS

Date of Disposition JANUARY 17, 2020 Disposition Type BURIAL

SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics

PERMIT 002145 Local Permit# E-PERMIT State Tracking # Date **JANUARY 16, 2020** Date Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Signature Place of Disposition (Facility Name and Address) RURAL COMERINA 11 CONDAVILLE RIZ X OCC I 611#261 Disposition Type Date of Disposition FULL JANUARY 11 2020 6mm

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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	435997 R-109 07013014		* * *** * * * * * * * * * * * * * * * *	Commonwealth Registry of Vital Rec DISPOSITION OR TRANSP PER	Pords and States N. REMOV ORTATIO	tics State File #	2020 002775 8020-738	
infe	restion neces	sarv for the Certi	ficate of De	ath has been comp	deted for:			
					·····			
	Decedem Name BRESSETTE, ANTHONY A							
	· · · · · · · · · · · · · · · · · · ·	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA Place of Death JANUARY 16, 2020 Date of Birth OCTOBER 11, 1963 Ser MALE						
-	Date of Death	JANUARY 16,					D SET MALE	
2	Residence			WARREN, MAS	SACHESBIT	2 01682		
KCEBENT	If U.S. veteran, i NO	pecify wastconflict(s	() (most seces	a)				
•	Branch of milita	ry (most recent)			Rankorgan	protection and injurest recen	n)	
	Date entered(m	उस म्हटकार)		Date Discharge	ed (most recent)	Service Numb	or(mon recent)	
	Cerefier CHRI	STOPHER PER	RY, MID			Lie # 274670		
=				Massachuset	TS 02118			
CKRTIFIER	Immediate Com PENDING							
- 1	ic normit enth	rives the follows	og Funeral	Service Licensee	r Designee to	remove, dispose or tr	ansport remains as listed below:	
		n' Designee MICH					Le # 50657	
X.					OOKFIELD.	MASSACHUSETT	s	
=		CREMATION	10.7 A 3 CP.0-XIOQ	and a second in a second many second		Date of Disposi	non JANUARY 21, 2020	
0.4	Managar A of Same							
BISPOSETIO	RORAL CEM	ETERY (CREM.	ATORY),	80 GROVE STR	get, worce	ster massachi	12 KL1.2 01902	
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En	dorsements		£ 15	Daniel 121	I and the farmer for	: SOUTHBRIDGE		
11	Market Company	al Records and Stat	E83C3	LocalPers	***			
FERMIT	State Tracking	/ 002775 January 2	1 2020	Date	A DA AL DA AL AND			
	Danie C.	JANUARY 2	1, 2000	Numer of A	2.000			
2						to all and a position of the same and the		
Z.	1					he place and date below		
014	Place of Dispos	ition (Facility Name			Signan		~	
FIRMA		Rural 180 G	Cemetery rove Street ester, MA	31608	x		74. Cohile	
š	Гарошион Тур		Dane of Do	position	1	Superidenders or Aus	herized Dengow. - 1-:11	
Ü	Cr	emation		JAN 2 1 20	20	John H C	ODIII	

Acceptance of Permit

Permits printed with the designation "F-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Beaminer is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Name of Superintendent or Authorized Designee:

10hn H Cobill

. ic ::

Morris Funeral Home

						73838
Foru	1441076 n R-309 @7012014 prmation necess	Reg DI	Commonwealth of Mussa gistry of Vital Records an SPOSITION, RE RTRANSPORT PERMIT I has been completed fo	d Statistics MOVAL ATION	State File #	2020 006595
_	Decedent Name	BELLOLI , EDWARD A	NTHONY			· ·
	Place of Death	49 BOSTON ROAD, 10 B, SO				
	Date of Death	FEBRUARY 08, 2020			OVEMBER 22, 1949	Sex MALE
E N. I	Residence	49 BOSTON ROAD, 10 B, SC	•	•	•	
ECEDENT		pecify war/conflict(s) (most recent)				
DEC	NO Branch of militar	ry (most recent)	Ran	k/organizatio	m/outfit(most recent)	
	Date entered (mo	ost recent)	Date Discharged (most)	recent)	Service Number(most	recent)
n	Certifier ANA	ESPILA NAVARRO, MD			Lic # 246617	
PIE		RCES TER ROAD, FRAMING	HAM, MASSACHUS	ETTS 0170	1	
CERTIFIER	Immediate Cause LUNG CANC	e of Death ER WITH METS				
TI	nis permit autho	orizes the following Funeral Se	rvice Licensee or Desiç	nee to remo	ove, dispose or transpo	t remains as listed below:
,,,	Funeral License	el Designee NANCY G MORRIS	;		Li	c # 50277
10 N	Facility. MOR	RIS FUNERAL HOME, SOUT	HBOROUGH, MASS	ACHUS ET	TS	
SITIO	Disposition Type	c CREMATION			Date of Disposition FE	BRUARY 11, 2020
DISPO	Place/Address RURAL CEM	ETERY (CREMATORY), 180	GROVE STREET, W	ORCESTE	R, MASSACHUSETT	S 01605
Er	idorsements					
	Registry of Vita	al Records and Statistics	Board of Health/A	gent for: SO	OUTHBOROUGII	
PERMIT	State Tracking #	¥ 006595	Local Permit # I	-PERMIT		
PER	Date	FEBRUARY 11, 2020	Date -		·	
			Name of Agent -	_		······································
7.	I he reby certify	y that the remains were disposed of	in accordance with its te	rms at the pl	ace and date below:	
LM A TIO	Place of Dispos	ition (Facility Name and Address) Kurni Gemetery 180 (Irove Suger Wartshipt, MA Di		Signature	xinn Ho	Cobile

Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

FEB 1 2 2020

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D O

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File #

2020 007406

OCME CASE # 2020-1957

John H Cobill

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name TOMASIAN, MARNIE M Place of Death 367 TURNPIKE ROAD, SOUTHBOROUGH, MA Date of Death **FEBRUARY 10, 2020** Date of Birth MAY 11, 1973 **FEMALE** 90 IRVING STREET, APT. 303, FRAMINGHAM, MASSACHUSETTS 01701 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Certifier ANDREW ELIN, DO Lic # 274041 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 CERTI Immediate Cause of Death **PENDING** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6280 Funeral Licensee/ Designee STEPHEN F. GEMELLI Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS Disposition Type CREMATION Date of Disposition FEBRUARY 17, 2020 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

E	ndorsements					
_	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH				
E	State Tracking # 007406	Local Permit # E-Pl	CRMIT			
PER	Date FEBRUARY 17, 2020	Date				
1		Name of Agent				
z	I hereby certify that the remains were disposed of i	accordance with its terms	at the place and date below:			
T10	Place of Disposition (Facility Name and Address)	Sigi	nature			
FIRMA	Rural Cemetery 180 Grove Street Worcester, MA DI	D5 X	John H. Cobile			
o Z	Disposition Type Date of Disposi	ion Nan	ne of Superintendent or Authorized Designee:			

Acceptance of Permit

Cremation

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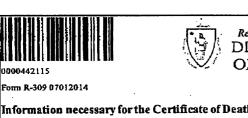
"FËB" 1 7 2020

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

ohn H. Colill

Name of Superintendent or Authorized Designee:

John H Cobill



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL

PERMIT

State File#

2020 007102

OCME CASE # 2020-2009

Information necessary for the Certificate of Death has been completed for: Decedent Name DISHMAN, CHRISTINA CASHELLE 39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA Place of Death Date of Birth JULY 07, 1984 **FEMALE FEBRUARY 12, 2020** Date of Death 39 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) Rank/organization/outfit/most recent) Branch of military (most recent) Date Discharged (most recent) Service Number (most recent) Date entered (most recent) Certifier IRINI A. SCORDI-BELLO, MD Lic # 269344 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death COMPLICATIONS OF ALCOHOLIC CIRRHOSIS This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Date of Disposition FEBRUARY 14, 2020 Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605 Endorsements Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT Local Permit# State Tracking # 007102 **FEBRUARY 13, 2020** Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Signature

Acceptance of Permit

Disposition Type

Place of Disposition (Facility Name and Address)

Cremation

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Χ

Rural Cemetery 180 Grove Street Wortester, MA 01605

Date of Disposition

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VDH-PHS-BTP-2011

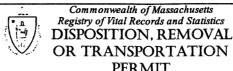
VERMONT DEPARTMENT OF HEALTH

Permit No.	

BURIAL-TRANSIT PERMIT
Permit for Removal, Disinterment and Reinterment

1. Decedent's Name				2. Sex	3. Date of Death
homas Mark Morris				Male	February 18, 2018
4. City/Town of Death 5. Date of Birth 6. Place of)	
Jamaica .	Southborough	h, MA			
7. Name and Address of Funeral Director					•
Atamaniuk Funeral Home Inc., 40	Terrace Street,	Brattlebor	o, VT 05301		
PERMISSION REQUESTED FOR: (Che	ck only one box and	complete th	e appropriate sec	tion)	
☐ Temporary Storage or Donation (Section		mation (Sed	tion C)	Burial or Ent	ombment (Section D)
Removal From Temporary Storage/Place	e of Donation or Dis	sinterment (S	ection B)	Removal Fr	om State (Section E)
SECTION A: IF TEMPORARY STORAGE	OR DONATION	IN VERMO	VT (file of his live of	Bunga d	
Name of Cemetery/Place or Donation Fac	cility	City	/Town		Date
A CONTRACTOR BASES					• :
PERMISSION GIVEN TO DISPOSE OF		-		.S.A. 5201)	
Signature of Clerk/Deputy or Funeral Dire	ector ·	City	r/Town		Date
Signature of Sexton/Cemetery Official or	Representative of	Organization	on Receiving Do	nation	Date
SECTION B: IF REMOVAL FROM TEMP				OR DISINTER	
Name of Cemetery/Place or Facility from	which body is bei	ng removed	City/Town		Date
PERMISSION GIVEN TO DISPOSE OF				.S.A. 5201)	lD-4-
Signature of Clerk/Deputy or Funeral Dire	ector	City	//Town		Date
			<u> </u>	-	
Signature of Sexton/Cemetery Official		•			Date
SECTION C: IF CREMATION IN VERMO	NI	Cib	y/Town	•	Date
Name of Crematorium		Join	y/ I OWI		Date
PERMISSION GIVEN TO DISPOSE OF	CAID BODY AS S	TATED AR	OVE (Title 18 \	(SA 5201)]
Signature of Clerk/Deputy or Funeral Dire			y/Town	.0.74 0201)	Date
olginatare of closed papers of transfer out			,		ľ
Signature of Crematorium Official		Co	ntainer Number		Date
o.g. active or	MASSA	reference			
SECTION D: IF BURIAL OR ENTOMBME					Propries Logical Services
Name of Cemetery			y/Town /	10	Date
Kingi ComeTage!			Sunbank	11 XIA	11-9-2019
PERMISSION GIVEN TO DISPOSE OF	SAID BODY AS S	TATED AB	OVE (Title 18, V	.S.A. 5201)	
Signature of Clerk/Deputy or Funeral Dire		Cit	y/Town		Date
Company Demants Serve	AV. 16 20529	-A			
Bedy was: Burled Entom	bed - GUV	#HA Da	te 11-9-	2016	
		or Cir	nature of Sexto		Official
Section Lot Number	Grave Numb		Jianie di Sexio	/ / //	/ Z .
SK, 10 27-A		" V		1/57	Mun
SECTION E: IF REMOVAL FROM STAT Name of Cemetery or Place to where both		City/Town	State or Countr	٧	Date U
Cheshare Family Crematory	ay is being taken	Troy, NF		•	February 27, 2018
PERMISSION GIVEN TO DISPOSE OF	SAID BODY AS	Charles and Company to the control	Salary Caracha and American Commercial Section 1995	/.S.A. 5201)	1
Signature of Clerky country or Euneral Dir		City/Town		/	Date
VIII JOHN TONION	Murt		oro, VT		February 22, 2018
MINIMATE IXUAN	vinu y	L			TW- 40 \ (C A E24E)
This permit is to be filed with the City/	Town Clerk by the "	10th day of th	ne month following	disposition. (110e 16 V.S.A. 52 15)





State File #

2020 015313

1	0452117			PERMI	Т	711			
Fon	n R-309 07012014			FERIVII	1				
Inf	ormation neces	sary for the Cert	ificate of Deat	h has been complete	d for:				
	Decedent Name	CIPRIANO ,	PAULINE	MARIE					
	Place of Death	110 MAIN STR	REET, SOUTH	IBOROUGH, MA					
_	Date of Death	MARCH 29, 20	20	Da	te of Birth	FEBRUARY	15, 1930	Sex	FEMALE
ENT	Residence	110 MAIN STR	REET, SOUTH	BOROUGH, MASS	SACHUSI	ETTS 01772			
ECED	If U.S. veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)			F.	Rank/organi 	ization/outfit(mos	st recent)		
	Date entered(mo	st recent)		Date Discharged (mo	ost recent)	Service	Number(mos	t recent)	
~	Certifier JOAN	NE SUNA, MD				Lic # 7	4958		
FIE	Addr. 307 W C	ENTRAL STRE	ET, NATICK,	MASSACHUSET1	rs 01760				
CERTIFIER	Immediate Cause CARDIOPULN	of Death MONARY ARRI	EST						
TI	nis permit autho	rizes the followi	ng Funeral Se	rvice Licensee or De	signee to r	remove, dispos			as listed below:
z	Funeral License	e/Designee NANC	CY G MORRIS	3			L	ic # 50277	
10	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
LIS	Disposition Type	BURIAL				Date of D	isposition Al	PRIL 04, 20	20
DISPOSITIO		Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
Er	dorsements								
_	Registry of Vita	l Records and Stat	istics	Board of Health	Agent for	SOUTHBORG	UGH		
PERMIT	State Tracking #	015313		Local Permit#	E-PERM	TT .			
PER	Date	MARCH 31,	2020	Date	_				
				Name of Agent					
z	I he reby certify	that the remains v	vere disposed of	in accordance with its	terms at th	e place and date	below:		
T10		tion (Facility Name			Signatur	re	//	1	~
FIRMA	11 Conserve	LANKTURY LE 10 SOV LOT 31, GA	Mbanwe p v*st	MA	X	£ 11/1/1	in []	DII	1
CONFIR	Disposition Type FULL EARTH		Date of Dispos		Name of	Superintendent of	r Authorized	Designee.	/

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

Michael D. Sheehan, G.M.

OCME CASE # 2020-5177

2020 021970

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name BAEZ, HECTOR IVAN RED ROOF INN, SOUTHBOROUGH, MA Place of Death Date of Death APRIL 14, 2020 Date of Birth OCTOBER 03, 1969 MALE 17 FRUIT STREET, ASHLAND, MASSACHUSETTS 01721 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Certifier JANICE Y. GRIVETTI, DO Lic# 247439 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death **PENDING** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6308 Funeral Licensee/Designee MICHAEL T. WEST Facility. BRADY & FALLON FUNERAL SERVICE, BOSTON, MASSACHUSETTS Disposition Type CREMATION Date of Disposition APRIL 23, 2020 Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131 **Endorsements**

_	Registry of Vital Records and Statistics		Board of Health	n/Agent for: SOUTHBOROUGH
MI	State Tracking #	021970	Local Permit#	E-PERMIT
PER	Date	APRIL 23, 2020	Date	
			Name of Agent	
z	I hereby certify th	nat the remains were disposed of in	accordance with its	terms at the place and date below:
15	Place of Dispositio	n (Facility Name and Address)		Signature
FIRMA	St. Michael Crematory 500 Canterbury Street Boston, MA 02131			* mickael Shieha
15	Disposition Type Date of Disposition			Name of Superintendent or Authorized Designee

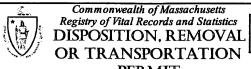
Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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State File#

2020 024326

	OR	TRANSPOR	CITATIO	N		
l	0462594	PERMI				
Fon	n R-309 07012014	LICIVII	1			
Iní	ormation necessary for the Certificate of Death	has been complete	d for:			
	Decedent Name PESSINI, CAROLINE -	-				
	Place of Death 4 MAPLE STREET, SOUTHB	OROUGH, MA				
L	Date of Death APRIL 29, 2020	Da	te of Birth	OCTOBER 20, 1918	Sex	FEMALE
EN	Residence 4 MAPLE STREET, SOUTHBOROUGH, MASS ACHUS ETTS 01772					
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)					
a a	NO Branch of military (most recent) —	Į.	Rank/organiza —	ttion/outfit(most recent)		
	Date entered(most recent) —	Date Discharged (mo	ost recent)	Service Number(most recei	nt)	
2	Certifier SHAHNAZ MONTAQUE, MD			Lic # 55438	-	
FIE	Addr. 3 FRANKLIN COMMON, FRAMINGHA	AM, MASSACHU	SETTS 017	02		
CERTIFIER	Immediate Cause of Death FAILURE TO THRIVE					
Ti	is permit authorizes the following Funeral Serv	ice Licensee or De	signee to re	move, dispose or transport re	mains :	s listed below:
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277					
	Facility. MORRIS FUNERAL HOME, SOUTH	IBOROUGH, MAS	SACHUSE	ETTS		
DISPOSITIO	Disposition Type BURIAL			Date of Disposition MAY 0.	2, 2020	
SPO	Place/Address	AD COLUMNOD	OTIOTE NEA	00 4 011110 1111100 04-1-1		
DI	RURAL CEMETERY, 11 CORDAVILLE ROA	AD, SOUTHBOR	OUGH, MA	SSACHUSEI IS 01772		
En	dorsements					
	Registry of Vital Records and Statistics	Board of Health	/Agent for: S	SOUTHBOROUGH		
PERMIT	State Tracking # 024326		E-PERMIT			
ER	Date APRIL 30, 2020	Date				
Ь	•	Name of Agent	_			
7	I hereby certify that the remains were disposed of in		terms at the	place and date below:		
ATION	Place of Disposition (Facility Name and Address)		Signature	\rightarrow	_	
FIRM	LUANC CHIEFERY II CON MAYICE KIN SOUTHBORDER IN DEC C-EAST, LOT 19 ENI. 2 Disposition Type Date of Disposition	The state of the s	X	Le Hilly	ı Î	
Z	Disposition Type Date of Disposition	ON	Name of St	inerintendent or Authorized Design	- di	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File# 2020 033671

PERMIT

Information necessary for the Certificate of Death has been completed for:

1						
	Decedent Name	MISENER,	JOAN M			
	Place of Death	8 LATIS QUAN	MA ROAD, SO	UTHBOROUGH, N	ЛA	
L-	Date of Death	JUNE 04, 2020	1	Da	te of Birth	SEPTEMBER 19, 1933 Sex FEMALE
E N	Residence	8 LATIS QUAN	AA ROAD, SOI	UTHBOROUGH, N	MASS ACH	HUS ETTS 01772
ECEDENT	1 *	pecify war/conflict	(s) (most recent)			
DE	NO	C 12: (:
	Branch of milita	ry (most recent)			.ank/organi2 	ization/outfit(most recent)
	Date entered(mo	ost recent)		Date Discharged (mo	sst recent)	Service Number(most recent)
-	Certifier SARA	H H. HUGHES,	MD			Lic # 221461
TIFIER	,	-		R, MASSACHUS	ETTS 0160	
Ξ	Immediate Caus					
CER	ADVANCED (GYNECOLOGI	C CANCER			
_	• • •		2 - 10 - 10			P
11					signee to re	remove, dispose or transport remains as listed below:
z	Funeral License	e/Designee NAN	CYG MORRIS			Lic # 50277
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS					
081	Disposition Type BURIAL Date of Disposition JUNE 08, 2020					
SPC	Place/Address					
۵	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
En	dorsements					The state of the s
	Registry of Vita	l Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH
111	State Tracking #			Local Permit#	E-PERMI	
ERMIT	Date	JUNE 05, 20	20	Date	_	
<u>-</u>	24.0	00112 00, 20	_0	Name of Agent		
\vdash						
N	1 .		-	accordance with its	terms at the	e place and date be low:
TION	Place of Disposit	tion (Facility Name	and Address)		Signature	e ·
MA	RUMIN C	METERY ME NR	Suxalkenal&	f MA		
ONFIR	Sel. 13	LOT 6. GA	1142		X (1)(1 X/1/11M
NO:	Disposition Type	10	Date of Disposit	_	Name of	Superintendent or Authorized Designee:
၁	FULL EAS	CT ENIAC	TUNE 8	2020	4	BRIDGET A. CHURRY

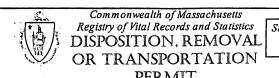
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







tate File #	2020 034816	

Information necessary for the Certificate of Death has been completed for:

			<u> </u>					
	Decedent Name ABU, GLORIA LOUISE							
	Place of Death	9 BLUEBERRY LANE, SOUT	HBOROUGH, MA					
ı	Date of Death	JUNE 11, 2020	Date	of Birth SEP	TEMBER 12, 1925	Sex	FEMALE	
DEN	Residence	9 BLUEBERRY LANE, SOUT	HBOROUGH, MA	SSACHUSET	ΓS 01772			
DECEI	If U.S. veteran, specify war/conflict(s) (most recent) NO			Rank/organization/outfit(most recent)				
	Date entered (mo.	st recent)	Date Discharged (mos	t recent)	Service Number(most red	cent)		
	Certifier ASHR	AF ELKERM, MD			Lic # 81917			
IFIER		T STREET, LEOMINSTER, M.	ASSACHUSETTS	01453			-	
CERTI	Immediate Cause of Death CONGESTIVE HEART FAILURE							
Th	is permit autho	rizes the following Funeral Servi	ice Licensee or Des	ignee to remov	e, dispose or transport	remains	as listed below:	
z	Funeral Licensee/Designee JOHN A. MATARES E, JR Lic # 6664							
01	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS							
SITIO	Disposition Type	CREMATION			Date of Disposition JUNI	E 13, 202	0	
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements							
	Registry of Vita	Records and Statistics	Board of Health/	Agent for: SOU	THBOROUGH			
M	State Tracking #	034816	Local Permit#	E-PERMIT	!			
PERMIT	Date	JUNE 12, 2020	Date		: :			
			Name of Agent					
z	I hereby certify	that the remains were disposed of in	accordance with its t	erms at the place	e and date below:			
TION		ion (Facility Name and Address)		Signature)	,		
ONFIRMA	11 Constil	an x ran. Le Ka, Sav refdonastik Vi Env. 36	74	X A	La All	LAIN		
CON	Disposition Type	BINAL Date of Disposition		Name of Superi	intendent or Authorized Des		/	
- 1	/-	M M	- 11 0100		111	1 12/12/1	,	

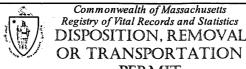
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Form R-309 07012014



State File # 2020 034816

PERMIT

Information	necessary for t	the Certificate	of Death has	been completed for:
-------------	-----------------	-----------------	--------------	---------------------

	Decedent Name ABU, GLORIA LOUISE							
	Place of Death 9 BLUEBERRY LANE, SOUTH	HBOROUGH, MA						
Ŧ	Date of Death JUNE 11, 2020	Date of Birth SEPTEMBER 12, 1925 Sex FEMALE						
EN		HBOROUGH, MASSACHUSETTS 01772						
DECE	Residence 9 BLUEBERRY LANE, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered (most recent) Date entered (most recent) Date of Bittin' SET TEMBER 12, 1923 Sex Tember							
_	Certifier ASHRAF ELKERM, MD	Lic # 8191 7						
TER	Adar. 370 WEST STREET, LEOMINSTER, MA							
CERTIFIER	Immediate Cause of Death CONGESTIVE HEART FAILURE							
Th	is permit authorizes the following Funeral Servi	ice Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee JOHN A. MATARESE, JR Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., ASHLAND, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JUNE 13, 2020 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements							
_	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH						
MIT	State Tracking # 034816	Local Permit # E-PERMIT						
PERMIT	Date JUNE 12, 2020	Date						
		Name of Agent						
Z		accordance with its terms at the place and date below:						
ONFIRMATION	Rural Cemetery 180 Grove Street Worcester, MA 11508 Disposition Type Date of Disposition	Signature X Name of Superintendent or Authorized Designee:						
ပိ		2 2020 John H Cobill						

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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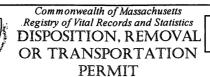
1	00476664 πι R-309 07012014		DIS	ommonwealth of N istry of Vital Recor POSITION, TRANSPO PERM	ds and Statistics REMOVAL RTATION	State File #	2020 03	55078
[n	formation neces	sary for the Cer	rtificate of Death I	as been complet	ted for:			
	Decedent Name	STEVENS ,	PHYLLIS L					
	Place of Death	HARRINGTO	N MEMORIAL	HOSPITAL, SO	UTHBRIDGE, N	МА		
ي	Date of Death	JUNE 11, 2020			ate of Birth AUC		Sex	FEMALE
NEC	Residence	249 DUDLEY-	SOUTHBRIDGE		•	•	30.0	
DECEDENT		pecify war/conflic	t(s) (most recent)		· · · · · · · · · · · · · · · · · · ·			
2	NO Branch of milital	ry (most recent)		•	Rank/organization	Voutsit(most recent)		
	Date entered(mo	st recent)	<i>L</i> -	Date Discharged (n 	nost recent)	Service Number(mo	ost recent)	
×	Certifier ISSAN	MA ONEYSSI,	MD		· · · · · · · · · · · · · · · · · · ·	Lic # 76569		
TIFIER	Addr. 100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550							
CERT	Immediate Cause PULMONARY							
TI	nis permit autho	rizes the follow	ing Funeral Servi	ce Licensee or D	esignee to remov	e, dispose or transp	ort remains a	s listed below:
z			AN J GIVNER, SI				Lic # 7009	
011.1	Facility. PARADIS-GIVNER FUNERAL HOME, OXFORD, MASSACHUSETTS							
(S)	1	CREMATION	4		Date of Disposition JUNE 16, 2020			
DISPO	Place/Address RIJRAL CEMI	RTERV (CREM	14TABV) 180 CI	POVE STREET	WORCECTER			
_	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements					- i		
I	Registry of Vital	Records and Sta	tistics	Board of Healt	h/Agent for: SOU	THBRIDGE		
PERMIT	State Tracking #	035078		Local Permit#	E-PERMIT			
PER	Date	JUNE 15, 20	20	Date				
	Name of Agent			Name of Agent				
N			were disposed of in a	accordance with its	s terms at the place	and date below:		
1110	Place of Dispositi	ion (Facility Name	and Address)		Signature	0 / 0		
CONFIRMATION		Rural Cen 180 Grove Worrester	pelery Sireci . MA DI 605		X	John L	4. Cohi	u
ัง	Disposition Type C	remation	Date of Disposition	1 6 2020	Name of Superi	ntendent or Authorized John	Designee: n H Cobil	1

Acceptance of Permit

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); 0479216 n R-309 07012014	
Inf	ormation necess	sary
	Decedent Name	TR
	Place of Death	49 I
		** **



State File #

2020 036992

ormation necessary for	the Certificate of Death	has been	completed fo	r:

Decedent Name	TREMBLAY	,	DONALD	\mathbf{E}
---------------	----------	---	--------	--------------

BOSTON ROAD, 4B, SOUTHBOROUGH, MA

Date of Death

Date of Birth NOVEMBER 26, 1935

MALE

49 BOSTON ROAD, 4B, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence

If U.S. veteran, specify war/conflict(s) (most recent)

KOREA

AIR FORCE

Branch of military (most recent)

Rank/organization/outfit(most recent)

A/1C

Date entered (most recent)

Date Discharged (most recent)

Service Number(most recent)

AF 12 440 709

Lic # 219697

APRIL 10, 1953 APRIL 09, 1957 Certifier MICHAEL H HAKIM, MD

Addr. 182 WEST STREET, WARE, MASSACHUSETTS 01082

Immediate Cause of Death

CARDIOPULMONARY ARREST

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee BRIAN C. MCKINNEY

Lic # 50106

Facility. MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition JUNE 25, 2020

Place/Address

SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131

Endorsements

DISPOSITION

۱.	_ [Registry of Vital Records and Statistics		Board of Health	Board of Health/Agent for: SOUTHBOROUGH			
E		State Tracking #	036992	Local Permit#	036992			
9		Date	JUNE 25, 2020	Date	JUNE 25, 2020			
٦	_			Name of Agent	JAMES F. HEGARTY			

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Place of Disposition (Facility Name and Address)
St. Michael Crematory Signature 500 Canterbury Street Boston, MA 02131 Disposition Type Date of Disposition

Cremation

Sheehan, G.M.

Acceptance of Permit

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State File#

2020 043810

Information necessary for the Certificate of Death has been complete	ted for:
--	----------

Detectment Name MAURO , JOHN — Place of Death A 35 BOSTON ROAD, SOUTHBOROUGH, MA Date of Death AUGUST 08, 2020 Besidence 35 BOSTON ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 JUS. veteran. specify war/conflict(s) (most recent) Pranch of military (most recent) Date entered (most recent) Date entered (most recent) Date Discharged (most recent) Service Number (most recent) Lic # 206099 Addr. 649 BOLTON STREET, MARLBOROUGH, MASS ACHUS ETTS 01752 Immediate Cause of Death CARDIOPULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Date of Disposition AUGUST 15, 2020 Place/Address RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH Date AUGUST 10, 2020 Local Permit # E-PERMIT Date Date AUGUST 10, 2020 Signature Local Permit # E-PERMIT Date of Disposition (Facility Name and Address) Local Permit # E-PERMIT Date of Disposition (Facility Name and Address) Signature Local Place of Disposition (Facility Name and Address) Local Place of Disposition (Facility Name and Address) Signature Local Place of Disposition (Facility Name and Address) Signature Local Place of Disposition (Facility Name and Address) Local Place of Disposition (Facility Name										
Date of Death AUGUST 08, 2020 Date of Birth SEPTEMBER 04, 1931 Sex MALE Residence 35 BOSTON ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 JUS. veteran. specify war/conflict(s) (most recent) Branch of military (most recent) Date entered(most recent) Date entered(most recent) Date of Disposition Type Burial This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Facility. Morris FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type Burial Disposition Type Burial Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH Date of Disposition (Facility) Name and Address) Lic # 3000 August 15, 2020 Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Lic # 3000 August 15, 2020 Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Lic # 3000 August 10, 2020 Local Permit # E-PERMIT Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Local Permit # E-PERMIT Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Local Permit # E-PERMIT Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Local Permit # E-PERMIT Local Permit # E-PERMIT Local Permit # E-PERMIT Date of Disposition (Facility) Name and Address) Local Permit # E-PERMIT Local Permit		Decedent Name	MAURO , J	OHN —				Hart		
Residence 35 BOSTON ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 U.S. veteran, specify war/conflict(s) (most recent) Date entered(most recent) Date Discharged (most recent) Date entered(most recent) Date Discharged (most recent) Date entered(most recent) Date Discharged (most recent) Date entered(most recent) Date of Disposition Type	CEDENT	Place of Death	35 BOSTON F	ROAD, SOUTH	BOROUGH, MA					
Branch of military (most recent) Date entered (most recent) Date Discharged (most recent) Date Discharged (most recent) Date Plischarged (most recent) Service Number (most recent) Lic # 206099 Addr. 640 BOLTON STREET, MARLBOROUGH, MASS ACHUS ETTS 01752 Immediate Cause of Death CARDIO PULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Pate of Disposition AUGUST 15, 2020 Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Facility Name and Address) Lic # 50277 Service Number of Disposition AUGUST 15, 2020 Date Name of Agent Name of Agent Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Signature Name of Agent		Date of Death	AUGUST 08, 2	2020	Da	te of Birth	SEPTEMBER 04, 1931	Sex MALE		
Branch of military (most recent) Date entered (most recent) Date Discharged (most recent) Date Discharged (most recent) Date Plischarged (most recent) Service Number (most recent) Lic # 206099 Addr. 640 BOLTON STREET, MARLBOROUGH, MASS ACHUS ETTS 01752 Immediate Cause of Death CARDIO PULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Pate of Disposition AUGUST 15, 2020 Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Facility Name and Address) Lic # 50277 Service Number of Disposition AUGUST 15, 2020 Date Name of Agent Name of Agent Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Signature Name of Agent		Residence	35 BOSTON F	ROAD, SOUTH	BOROUGH, MASS	ACHUSE	TTS 01772			
Branch of military (most recent) Date entered (most recent) Date Discharged (most recent) Date Discharged (most recent) Date Plischarged (most recent) Service Number (most recent) Lic # 206099 Addr. 640 BOLTON STREET, MARLBOROUGH, MASS ACHUS ETTS 01752 Immediate Cause of Death CARDIO PULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Disposition Type BURIAL Pate of Disposition AUGUST 15, 2020 Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Disposition Facility Name and Address) Lic # 50277 Service Number of Disposition AUGUST 15, 2020 Date Name of Agent Name of Agent Name of Agent Name of Agent Lic # 206099 Address Lic # 50277 Signature Name of Agent		If U.S. veteran, sp	pecify war/conflict	(s) (most recent)						
Certifier SHUNIAN HE, MD Addr. 640 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752 Immediate Cause of Death CARDIOPULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Funeral Licensee/Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type BURIAL Disposition Type BURIAL Place/Address RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH Date August 10, 2020 Date Name of Agent LURAL CEMETER I bereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) LURAL CEMETER LURAL CEMETER Thereby certify that the remains were disposed of in accordance with its terms at the place and date below: Signature LURAL CEMETER AUGUST 10, 2020 Name of Agent LURAL CEMETER Name of Agent Name of Superintendent or Authorized Designee:	DE	Branch of milita	y (most recent)		1	Rank∕organi —	ization/outfit(most recent)			
Addr. 640 BOLTON STREET, MARLBOROUGH, MASSACHUSETTS 01752 Immediate Cause of Death CARDIOPULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Funeral Licensee/Designee NANCY G MORRIS		Date entered(mo	st recent)		Date Discharged (mo	xst recent)	Service Number(most r	ecent)		
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This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Funeral Licensee/Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Place/Address RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 Endorsements Registry of Vital Records and Statistics Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date Name of Agent Local Permit # E-PERMIT Date of Disposition (Facility Name and Address) Signature AUGUST 10, 2020 I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) AUGUST 10, 2020 I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) AUGUST 10, 2020 August 2020 Augu	FIE	Addr. 640 BOL	TON STREET,	MARLBOROU	JGH, MASSACHU	SETTS OF	1752			
Funeral Licensee/ Designee NANCY G MORRIS Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Place/Address RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 Endorsements Registry of Vital Records and Statistics State Tracking # 043810 Date AUGUST 10, 2020 Local Permit # E-PERMIT Date AUGUST 10, 2020 I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) KURAL CEMETER LOCAL PERMIT Date AUGUST 10, 2020 I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) KURAL CEMETER LOCAL PERMIT Name of Agent Number of Superintendent of Authgrized Designee: Name of Superintendent of Authgrized Designee:	CERTI			EST						
Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS Disposition Type BURIAL Place/Address RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772 Endorsements Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date Name of Agent Local Permit # E-PERMIT Date I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) EVAL CENERAL LOCAL PROPERTY Signature LURAL CENERAL LOCAL PROPERTY SIGNATURE IN CONTRIBUTION NAME of Superintendent or Authorized Designes: Name of Superintendent or Authorized Designes:	Th	is permit autho	rizes the follow	ing Funeral Ser	vice Licensee or De	signee to r	emove, dispose or transport	remains as listed below:		
Endorsements Registry of Vital Records and Statistics State Tracking # 043810 Local Permit # E-PERMIT Date AUGUST 10, 2020 Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) LURAL CENTERNY II CANALUE BY SWARMAN MA 01112 SEC. 9. LOT ALL CENTERNY Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:	Z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277								
Endorsements Registry of Vital Records and Statistics State Tracking # 043810 Local Permit # E-PERMIT Date AUGUST 10, 2020 Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) LURAL CENTERNY II CANALUE BY SWARMAN MA 01112 SEC. 9. LOT ALL CENTERNY Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:	110	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS								
Endorsements Registry of Vital Records and Statistics State Tracking # 043810 Local Permit # E-PERMIT Date AUGUST 10, 2020 Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) LURAL CENTERNY II CANALUE BY SWARMAN MA 01112 SEC. 9. LOT ALL CENTERNY Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:	SI	Disposition Type BURIAL				Date of Disposition AUGUST 15, 2020				
Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 043810 Date AUGUST 10, 2020 Date — Name of Agent — I he reby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) Signature NUMBL CEMERALY I CANNIVE BY CENTRALY Disposition Type Date of Disposition Name of Superintendent or Authorized Designee:	DISPO									
State Tracking # 043810 Date AUGUST 10, 2020 Local Permit # E-PERMIT Date — Name of Agent — I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) LURAL CENTRAL IL CRIMITE IN CONSISTENT IL CRIMITE IN CONSISTENT IL CRIMITE IN CONSISTENT IL CRIMITE IN CONSISTENT IN CRIMITE IN CRIMITE IN CRIMITE IN CRIMITE	En	dorsements								
Name of Agent	L	Registry of Vita	Records and Sta	tistics	Board of Health	/Agent for:	SOUTHBOROUGH			
Name of Agent	M	State Tracking #	043810		Local Permit#	E-PERM	П			
Name of Agent	PER	Date	AUGUST 10	, 2020	Date	_				
Place of Disposition (Facility Name and Address) NUMBL CENTERY IL CONTROLL STEELY IL CONTROLL STEELY IN CONTROLL STEELY Disposition Type Date of Disposition Name of Superintendent or Authorized Designer:					Name of Agent					
II CALLANIUE BY SUNSENDIEM MA 01112 SIG. 9. LOT 44 LIN' # Disposition Type Date of Disposition Name of Superintendent or Authorized Designer:	Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						7		
	NFIRMATIC	MURAL CE 11 CONDAVIO SEC. 9. LO	ENSTELL LE BR SOUTH THE GREAT	forwert Mi		X	Sully Co.	Hilim		
	00		; 4	1 7 1		Nam's of	-· // // //	esignee:		

Acceptance of Permit

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Form R-309 07012014



DEDICT

State File # 2020 048718

PERMIT

Info	ormation necess	sary for the Certi	ificate of Death h	as been complete	d for:			
	Decedent Name	Decedent Name BERTONAZZI, JOSEPHINE P						
	Place of Death	63 A SCHOOL	STREET, SOUT	Г <mark>НВО</mark> ROUGH, М	IA			
FZ	Date of Death	SEPTEMBER 1	10, 2020	Da	te of Birth	MARCH 06, 1925	Sex	FEMALE
EN	Residence	63 A SCHOOL	STREET, SOUI	Г <mark>НВО</mark> ROUGH, М	IASSACH	US ETTS 01772		
DECEDE		pecify war/conflict(s) (most recent)					
DE	NO Branch of militar —	y (most recent)		-	ank/organiz 	cation/outfit(most recent)		
	Date entered(mo	st recent)		Date Discharged (mo –	ost recent)	Service Number(mo:	st recent)	
R	Certifier KALIN	IDI MEHTA, M	D			Lic # 230077		
FIE	Addr. 900 UNIO	ON STREET, W	ESTBOROUGH,	, MASSACHUSE	TTS 0158	t		
CERTIFI	Immediate Cause CONGES TIVI	e of Death E HEART FAIL	JRE					
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to re	emove, dispose or transpo	ort remains	as listed below:
z	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277							
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
POSITIO	Disposition Type	BURIAL				Date of Disposition SEPTEMBER 12, 2020		
DISPC	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
_	Registry of Vita	Records and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	048718		Local Permit#	E-PERMI	T		
PER	Date	SEPTEMBER	R 11, 2020	Date				
				Name of Agent				
Z.	I hereby certify	that the remains w	vere disposed of in a	accordance with its	terms at the	place and date below:	(
TION	4	ion (Facility Name	and Address)		Signature	?		
CONFIRMAT	AURAC (METERY VILLETON C	soverkina (EL MIL	X ($\mathcal{A}(\mathcal{A})$	Musik	7
ON	Disposition Type	11	Date of Dispositio	n	Name of S	Superintendent or Authorized	Designee:	,
٥	FULL EARTH	I SUNAL	SETT.	12, 2030		GRISCET HE	DILLENE	'a/

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File # 2020 050501

Inf	Information necessary for the Certificate of Death has been completed for:								
	Decedent Name QUINN, JOHN FRANCIS								
DECEDENT	Place of Death	8 WYNDEMER	E DRIVE, SOU	THBOROUGH, I	MA				
	Date of Death	SEPTEMBER :	23, 2020	Da	te of Birth	OCTOBER 07, 1935	Sex	MALE	
	Residence			THBOROUGH, I	MASSAC	HUSETTS 01772			
		ecify war/conflict(.	s) (most recent)						
DE	NO Branch of militar	y (most recent)		R	Rank/organization/outfit(most recent)				
	Date entered (mos	et vacant)	7	- Date Discharged (mo	Discharged (most recent) Service Number(most recent)				
:	—	u recenu)							
н	Certifier TIMO	THY P. MURPH	IY, MD			Lic # 156870			
FIE			ESTON, MASS.	ACHUSETTS 024	193				
CERTIFIE	Immediate Cause RES PIRATOR								
CE	RESPIRATOR	1 ARRES 1							
Th	is permit autho	rizes the followi	ng Funeral Servi	ce Licensee or De	signee to r	remove, dispose or transport		as listed below:	
7	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277								
01.	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
SIT	Disposition Type CREMATION Date of Disposition S EPTEMBER 25, 2020								
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
۵	TOTAL CALLED (CALLED CONT.)								
En	dorsements								
	Registry of Vital Records and Statistics			Board of Health	/Agent for:	: SOUTHBOROUGH			
PERMIT	State Tracking #	050501		Local Permit#	E-PERM	IT			
ER	Date	SEPTEMBER 23, 2020		Date					
				Name of Agent					
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
T10	Place of Disposition (Facility Name and Address)				Signatur	re /	_		
MA	Ruise Comercal Sword Bonwert, Mr			74		- 1/1 Alu			
FIR	Niche # 613				X	A (j. 9)M	UM 1		
CONFIRMATION	Disposition Type	pe Date of Disposition			Name of Superintendent or Authorized Designee:		,		
	THURKANA	WT	DEST. 0	29, 2020		BRINGETH 610	1111	1/	

Acceptance of Permit

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Rural Cemetery 180 Grove Street Worcester, MA 01608

Date of Disposition

Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

te File #	2020	050501
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Form R-309 07012014

Decedent Name QUINN, JOHN	Decedent Name QUINN, JOHN FRANCIS							
Place of Death 8 WYNDEMERE DR	Place of Death 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA							
Date of Death SEPTEMBER 23, 202	0 Date of Birth	OCTOBER 07, 1935 Sex MALE						
Residence 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772								
If U.S. veteran, specify war/conflict(s) (most recent)								
If U.S. veteran, specify war/conflict(s) (most NO Branch of military (most recent)	Rank/orga	nization/outfit(most recent)						
-								
Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)						
Certifier TIMOTHY P. MURPHY, MI)	Lic # 156870						
Addr. 56 COLPITTS ROAD, WESTON, MASS ACHUSETTS 02493								
Addr. 56 COLPITTS ROAD, WES TO	N, MASS ACRUSETTS 02493							
Immediate Cause of Death	N, MASS ACRUSETTS 02493							
Immediate Cause of Death	N, MASS ACHUSETTS 02493							
Immediate Cause of Death RES PIRATORY ARRES T		remove, dispose or transport remains as listed belo						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee, NANCY G.M.	eral Service Licensee or Designee to	remove, dispose or transport remains as listed belo <i>Lic</i> # 50277						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M.	eral Service Licensee or Designæ to	Lic # 50277						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION	eral Service Licensee or Designæ to	Lic # 50277						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION Place/Address	eral Service Licensee or Designee to ORRIS , SOUTHBOROUGH, MASSACHU	Lic # 50277 IS ETTS Date of Disposition SEPTEMBER 25, 2020						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G N Facility. MORRIS FUNERAL HOME Disposition Type CREMATION	eral Service Licensee or Designee to ORRIS , SOUTHBOROUGH, MASSACHU	Lic # 50277 IS ETTS Date of Disposition SEPTEMBER 25, 2020						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATOR	eral Service Licensee or Designee to ORRIS , SOUTHBOROUGH, MASSACHU	Lic # 50277 IS ETTS Date of Disposition SEPTEMBER 25, 2020						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATOR Indoorsements Registry of Vital Records and Statistics	eral Service Licensee or Designee to ORRIS , SOUTHBOROUGH, MASSACHU	Lic # 50277 USETTS Date of Disposition SEPTEMBER 25, 2020 USTER, MASSACHUSETTS 01605						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATOR Indoorsements Registry of Vital Records and Statistics	eral Service Licensee or Designee to ORRIS , SOUTHBOROUGH, MASSACHU Y), 180 GROVE STREET, WORCE	Date of Disposition SEPTEMBER 25, 2020 STER, MASS ACHUSETTS 01605 r: SOUTHBOROUGH						
Immediate Cause of Death RES PIRATORY ARRES T This permit authorizes the following Fun Funeral Licensee/ Designee NANCY G M Facility. MORRIS FUNERAL HOME Disposition Type CREMATION Place/Address RURAL CEMETERY (CREMATOR Endorsements Registry of Vital Records and Statistics	eral Service Licensee or Designæ to ORRIS , SOUTHBOROUGH, MASSACHU Y), 180 GROVE STREET, WORCE Board of Health/Agent for Local Permit# E-PERM	Lic # 50277 IS ETTS Date of Disposition SEPTEMBER 25, 2020 IS TER, MASS ACHUS ETTS 01605 r: SOUTHBOROUGH						

Acceptance of Permit

Disposition Type

Cremation

CONFIRMA

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Name of Superintendent or Authorized Designee:

John H Cobill

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File#

2020 059002

OCME CASE # 2020-15431

PERMIT

Information necessa	ry for the Certificate	of Death has been	n completed for:
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GATHOGO, LEAH WANGECHI Decedent Name SUDBURY RESERVOIR, SOUTHBOROUGH, MA Place of Death **NOVEMBER 09, 2020** Date of Death Date of Birth MARCH 09, 1974 FEMALE Sex 54 LEIGH STREET, FRAMINGHAM, MASSACHUSETTS 01701 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date Discharged (most recent) Service Number (most recent) Date entered (most recent) Certifier ROBERT M. WELTON, MD Lic # 256257 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death **PENDING** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6664 Funeral Licensee/Designee JOHN A. MATARES E, JR Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., AS HLAND, MASSACHUS ETTS Date of Disposition NOVEMBER 16, 2020 Disposition Type CREMATION

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

,	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH			
PERMIT	State Tracking #	059002		Local Permit#	# E-PERMIT		
	Date NOVEMBER 16, 2		16, 2020	Date			
				Name of Agent			
z	I hereby certify that the remains were disposed of i			ccordance with its	terms at the place and date below:		
110	Place of Disposition (Facility Name and Address)				Signature		
ONFIRMAT	Rural Cemetery 180 Grove Street Worcester, MA D1606				x John H. Cohile		
	Disposition Type		Date of Disposition	7 2020	Name of Superintendent or Authorized Designee:		
U	Cremation NUV 1			7 2029	John H. Cohil		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERM IT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



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Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

PERMIT

State File #

2020 059872

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

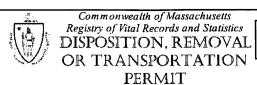
Inf	ormation necessa	ry for the Certi	ficate of Deat	h has been complete	d for:				
	Decedent Name (CHESNA, E	DNA A						
CEDENT	Place of Death 1	lace of Death 100 SEARS ROAD, SOUTHBOROUGH, MA							
	Date of Death N	NOVEMBER 10	6, 2020	Da	te of Birth	JUNE 16, 1922	Sex	FEMALE	
	Residence 1	00 SEARS RO	AD, SOUTH	BOROUGH, MASS	ACHUS ET	TTS 01772			
	If U.S. veteran, spe	cify war/conflict(s	s) (most recent)						
DEC	NO Branch of military (most recent)			F	Rank/organization/outfit(most recent)				
	Date entered(most	recent)		Date Discharged (mo	ost recent)	Service Number(mo	st recent)		
: R	Certifier VINAY	KUMAR, MD				Lic # 57255			
IFIE			ARLBOROU	GH, MASSACHUS	ETTS 017	52			
CERTIFIE	Immediate Cause o		HEIMER'S T	ТУРЕ					
Th	is permit authori	zes the followin	ng Funeral Se	rvice Licensee or De	signee to r	emove, dispose or transp	ort remains:	as listed below:	
N	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373								
ſ10	Facility. SLATTERY FUNERAL HOME, INC., MARLBOROUGH, MASSACHUSETTS								
SPOSITIO	Disposition Type E	BURIAL				Date of Disposition N	IOVEMBER	21, 2020	
DISPO	Place/Address SAINT MICHAEL'S CEMETERY, 278 COXSTREET, HUDSON, MASSACHUSETTS 01749								
En	dorsements								
Г	Registry of Vital Records and Statistics			Board of Health	Agent for:	SOUTHBOROUGH	-		
MIT	State Tracking #	ing # 059872		Local Permit#	E-PERM	T			
PER	Date	Date NOVEMBER 19, 2020		Date					
				Name of Agent					
N	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
TIC	Place of Disposition (Facility Name and Address)				Signatur	е			
M A	St. Muchael lemotory			,		1 .			
CONFIRMATION	Roy St	Hudi	son r	4	Y D	elena Xue	linus		
	Disposition Type Date of Disposition				Warne of	Superintendent or Authorized	l Designee: [(O o ō		
	ima	1	11-04	WE OW	$\perp \mathcal{M}$	escenu Dica	11 aso)	

Acceptance of Permit

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State File #

2020 060581

Information necessary for the Certificate of Death has been completed for:

	Decedent Name CHASON, SEWALL GLENN								
	Place of Death	lace of Death 117 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA							
ı	Date of Death	NOVEMBER 23, 2020		Da	te of Birth	DECEMBER 03, 1932 Sex MALE			
EN	Residence	114 SAN MARCO DRIV	E, PALM	I BEACH GAR	DENS, FI	LORIDA 33418			
DECEDENT	If U.S. veteran, sp	pecify war/conflict(s) (most re	cent)						
	Branch of military (most recent)		Rank/organization/outfit(most recent)						
	Date entered(mo	st recent)	Da	- nte Discharged (mo	 ost recent)	Service Numher(most recent)			
~	Certifier JONA	THAN E. SNIDER, MD				Lic # 156979			
FIE	Addr. 173 WO	RCESTER STREET, WE	LLES LEY	Y, MASSACHU	JS ETTS 0	2481			
CERTIFIER	Immediate Cause MENINGIOM								
Th	is permit autho	rizes the following Funer	al Service	Licensee or De	signee to 1	remove, dispose or transport remains as listed below:			
z	Funeral Licensee/ Designee JULIE BERGER Lic # 50744								
OI.	Facility. LEVINE CHAPEL, BROOKLINE, MASSACHUSETTS								
SI	Disposition Type BURIAL Date of Disposition NOVEMBER 24, 2020								
DISPOSITION	Place/Address BEIT OLAM EAST CEMETERY, 42 CONCORD ROAD, WAYLAND, MASSACHUSETTS 01778								
a	,								
En	dorsements								
	Registry of Vita	Records and Statistics		Board of Health	/Agent for	: SOUTHBOROUGH			
PERMIT	State Tracking #	060581		Local Permit#	E-PERM	UT .			
PER	Date	NOVEMBER 24, 202)	Date					
_				Name of Agent					
Z	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:								
TIO	Place of Disposition (Facility Name and Address)				Signatu				
<	Belt Olam East Cometery				Judion F. Canla				
FIRM	Wasland, ma 01778		X		Judion J. Caplan				
CON						Superintendent or Authorized Designee:			
	Kuri	Rurial - 17/24/a			エフはん	lith Freetling Captan			

Acceptance of Permit

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"Customer's Designation of Intentions"

Tame of Deceased:	ROY SANDERS
remation: 04/01/20	W. BABYLON M
hope I have not made (Setleduled Unite).	(Location)
lanner of Disposition of Cremains:	- Jones Jone
have naide a what the NYC fi11-	Return to (Specify person to receive cremains)
] Entombruent at	GREG SMANDELLS
	[] Other (specify):
VI to do to the Prince strice	on of Cremains and acknowledge receipt of a copy of this form.
I hereby designate the Disposition	M. C.
(<u>\</u>	Lires James in
Sign	MILE G SPUNDERS -BROTHER
(Print	ed Name) ASIG HIGHIAND TRejutionship to Decease
(Add	- Joi Jitonows Dic
	DELAVAN WI SSILS
·	(224)343-3678
(Tele	phone Number)
Cremains which shall not have been claimed irm, in the following manner of disposition	d within 120 days from the date of cremation may be disposed of by th
rm, in the handwing manner of disposition	LADIA AT STEN
	URIAL AT DEX
MICHTEL J. CECEM	= TIL -KM(euro) 03/31/20
Printed Name of Funeral Director	Signature of Femeral Director
or Undertaker	or Undertaker
O BE COMPLETED FOLLOWING CREMATION	ON AND DISPOSITION OF REMAINS
O DD COM DEALE 1 COLL WILLIAM	
(Actual Date)	(Location of Crematory)
Disposition of Cremains: Bulling	OF CHEMATED ILEMANIS
(Manner of Disposit	tion) Sec 4, LOT 9
(Location)	1)
	MIL 16, 2020
(Dase)	4/1/1/12 4/14/202
Name of Person Making Dispositon	Signature Date
V Location automorphism there are	•
I hereby acknowledge that on	Date
I took possession of the cremains of	(NAME OF DECEASED)
·	
: (SIGNATURE)	(NAME OF PERSON RECEIVING CREMAINS)
•	We to the State of
	disposition — Pink copy to family upon initial arrangement ——
AP 27 - REV 4/05	, x.